

PART B - FEE(S) TRANSMITTAL

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OCT 31 2007

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2352 7590 09/26/2007

OSTROLENK FABER GERB & SOFFEN
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11/01/2007 FMETEK12 00000010 10698654

01 1501 1440.00 OP
 02 1504 300.00 OP

03 FC 0001 APPLICATION NO. 10/698,654 FILING DATE 10/31/2003

FIRST NAMED INVENTOR

ATTORNEY DOCKET NO.

CONFIRMATION NO.

Robert F. Walko JR.

P/10-653

3767

TITLE OF INVENTION: TIMED CONTROL SYSTEM WITH SHIFTED TIME FEATURES

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1400 1440	\$300	\$0	\$1700	12/26/2007

EXAMINER	ART UNIT	CLASS-SUBCLASS
HARTMAN JR, RONALD D	2121	700-014000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.

"Fee Address" indication (or "Fee Address" Indication form D/SB/47; Rev. 03-02 or more recent) attached. Use of a Customer Number is required.

2. For printing on the patent front page, list

(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,

(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

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2 _____

3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

LUTRON ELECTRONICS CO., INC.

COOPERSBURG, PENNSYLVANIA

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

Issue Fee
 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number _____ (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature

Samuel H. Weiner

Date 10/26/07

Typed or printed name

Samuel H. Weiner

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